

<i>SERFF Tracking Number:</i>	<i>PHYS-127292863</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>49156</i>
<i>Company Tracking Number:</i>	<i>PMA3619ARA</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>Med Sup</i>		
<i>Project Name/Number:</i>	<i>PMA3619ARA / PMA3619ARA</i>		

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: Med Sup

SERFF Tr Num: PHYS-127292863 State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010

SERFF Status: Closed-Filed-Closed

State Tr Num: 49156

Sub-TOI: MS09.000 Medicare Supplement
Other 2010

Co Tr Num: PMA3619ARA

State Status: Filed-Closed

Filing Type: Advertisement

Authors: Sonya Dickey, Sara
Magee-Garcia

Reviewer(s): Stephanie Fowler

Disposition Date: 07/19/2011

Date Submitted: 06/28/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PMA3619ARA

Project Number: PMA3619ARA

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed with
Nebraska on 6/28/2011.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 07/19/2011

State Status Changed: 07/19/2011

Deemer Date:

Created By: Sara Magee-Garcia

Submitted By: Sara Magee-Garcia

Corresponding Filing Tracking Number:
PMA3619ARA

Filing Description:

RE: Medicare Supplement Insurance Advertisements

Invitation to Inquire with Reply Card-

Letter portion of form: PMA3619ARA

Reply Card portion of form: PMA3619AR

Attached are copies of the above referenced material for your review and approval. This material will be used by licensed agents in your state to solicit the following Medicare Supplement policies:

SERFF Tracking Number: PHYS-127292863 State: Arkansas
 Filing Company: Physicians Mutual Insurance Company State Tracking Number: 49156
 Company Tracking Number: PMA3619ARA
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
 Product Name: Med Sup
 Project Name/Number: PMA3619ARA / PMA3619ARA

Policies Medicare Plans Approval Dates

P020AR A 8-12-09

P025AR F 8-12-09

P026AR G 8-12-09

P027AR High Ded F 8-12-09

P029AR N 5-11-11

If you have any questions concerning the material, please contact me at 1-800-228-9100, option 1, option 6, extension 2633. You may also contact me via email at Sara.Magee-Garcia@physiciansmutual.com. Your assistance n getting the material approved for use is greatly appreciated.

Company and Contact

Filing Contact Information

Sara Magee-Garcia, Advertising Compliance sara.magee-garcia@physiciansmutual.com
 Coordinator
 2600 Dodge Street 402-930-2633 [Phone]
 Omaha, NE 68131 402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company	CoCode: 80578	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0270450	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 per form, 2 forms included
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$100.00	06/28/2011	49189333

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	07/19/2011	07/19/2011

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Disposition

Disposition Date: 07/19/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	PMA3619ARA	Filed-Closed	Yes
Form	PMA3619AR	Filed-Closed	Yes

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Project Name/Number: PMA3619ARA / PMA3619ARA

Form Schedule

Lead Form Number: PMA3619ARA

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 07/19/2011	PMA3619A	Advertising	PMA3619ARA	Initial			PMA3619AR.pdf
Filed-Closed 07/19/2011	PMA3619A	Advertising	PMA3619AR	Initial			PMA3619AR.pdf

-- [2011] Medicare Update --

Updates to the Medicare program could affect you.

Many seniors may be faced with health care
and prescription drug cost increases this year.

Now more than ever, it's important for you
to understand how this update can impact your situation.

Make sure you have the right coverage for your needs.

For FREE Information

- at no cost or obligation to you -

return the card below or

Call the toll-free number 1-999-999-9999

You'll receive the latest edition of
*"A Guide to Health Insurance for
People with Medicare."* This
valuable guide was developed
by the Centers for Medicare &
Medicaid Services and the
National Association of
Insurance Commissioners.



I understand I have no cost or obligation when a producer contacts me to answer my questions regarding Medicare Supplement insurance policies. Physicians Mutual Insurance Company is not connected with, nor endorsed by, the U.S. Government or the Federal Medicare Program. A producer will provide complete details about these valuable products including cost and limitations.
P020/P025/P026/P027/P029

PMA3619ARA

▼ Detach and Mail Today ▼

Mail Today or Call Toll-Free 1-999-999-9999

☐ **YES.** I would like FREE information about changes in Medicare. Provide me a FREE copy of *"A Guide to Health Insurance for People with Medicare."*

☐ **YES.** I want information on a prescription drug savings card.

9999999999 999999 9999

Sample J. Samplexx

Address 2xxxxxxxxxxxxx

Address 1xxx

City, State Zip

Date of Birth ____ / ____ / ____

Phone (____) _____

Physicians Mutual Insurance Company

PMA3619AR

S741

[2011] MEDICARE CHANGE UPDATE
[Please Respond Within 10 Days]
Intelligent Mail Barcode
9999999999 999999 9999 Pre65 Prospect
Sample J. Samplexxxxxxxxxxxxxxxxxxxxxxxxxxxx
Address 2xxxxxxxxxxxx
Address 1xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
City, State Zip

TIME SENSITIVE

PRSR STD
U.S. POSTAGE
PAID
OMAHA NE
PERMIT #221



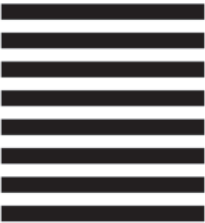
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OMAHA, NE 68164-9903

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IN THE
UNITED STATES



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Sample J. Samplexx

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Address 1xxx

City, State Zip

Date of Birth ____ / ____ / ____

Phone (____) _____

Physicians Mutual Insurance Company

PMA3619AR

S741

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[Please Respond Within 10 Days]
Intelligent Mail Barcode
9999999999 999999 9999 Pre65 Prospect
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Address 2xxxxxxxxxxxx
Address 1xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
City, State Zip

TIME SENSITIVE

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